

Suffolk County Department of Health Services
Office of Wastewater Management
360 Yaphank Avenue, Suite 2C
Yaphank, New York 11980
(631) 852-5700

CERTIFICATION OF SEWAGE DISPOSAL SYSTEM BY INSTALLER

This certification shall not be used in lieu of inspections required by personnel of the Department and may be duplicated on company letterhead, provided it contains the information below.

Health Department Reference Number: _____

Suffolk Tax Map #: Dist: _____ Sect(s) _____ Blk(s) _____ Lot(s) _____

Project Name or Address: _____

Subdivision Name & Lot # _____

Applicant's Name: _____

Date of System Installation: _____

Description of System Installed:

Septic Tank

Volume (gallons) _____

Shape: ☐ Rectangular ☐ Cylindrical

Top: ☐ Slab ☐ Traffic Slab ☐ Dome

Name of Precast Manufacturer: _____

Leaching Pools

Number of Pools _____

Diameter and Effective Depth _____

Top: ☐ Slab ☐ Traffic Slab ☐ Dome

Name of Precast Manufacturer: _____

Other: _____

Sketch below the measurements from building corners to the access covers of disposal system, or attach a separate sketch prepared by installer.

I hereby certify that the subsurface sewage disposal system, described herein, has been installed by me in accordance with the approved plans and standards of the Suffolk County Department of Health Services; and is operational.

Installer's Signature: _____ Date _____

Installer's Name: _____

Company Name: _____ Phone _____

Company Address: _____

Consumer Affairs Liquid Waste License Number: _____